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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/693,019	
	Filing Date	October 20, 2000	
	First Named Inventor	Shinichi Baba	
	Art Unit	2661	
	Examiner Name	Kading, Joshua A.	
Total Number of Pages in This Submission	27	Attorney Docket Number	APP 1204

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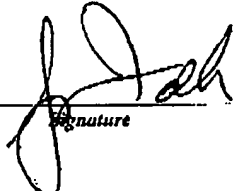
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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No.
Applicant(s): S. Baba, et al			APP 1204
Serial No. 09/693,019	Filing Date October 20, 2000	Examiner Kading, Joshua A.	Group Art Unit 2661
Invention: Method and System for Host Mobility Management Protocol			
<p>I hereby certify that this <u>Reply to Office Action of February 3, 2004</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>)</p> <p>on <u>4-20-04</u> (Date)</p> <p><u>Michelle Masseau</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Michelle Masseau</u> (Signature)</p>			
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>APP 1204</b>	
Applicant(s): <b>S. Baba, et al</b>					
Serial No. <b>09/693,019</b>	Filing Date <b>October 20, 2000</b>	Examiner <b>Kading, Joshua A.</b>	Group Art Unit <b>2661</b>		
Invention: <b>Method and System for Host Mobility Management Protocol</b>					
<b><u>TO THE COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12	20	0 x	\$18.00	\$0.00
INDEP. CLAIMS	9	13	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <div style="margin-left: 20px;"><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div><div style="text-align: right;">Dated: <i>April 20, 2004</i></div></div> <div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="text-align: center;"> _____ <small>Signature</small></div><div style="margin-left: 20px;"><b>James W. Falk, Reg. No. 16154</b> <b>Telcordia Technologies, Inc.</b> <b>One Telcordia Drive 5G116</b> <b>Piscataway, NJ 08854-4157</b></div></div></div>					
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